

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Black PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00609388		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>76 Words</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 16 / 2020		
Mailing Address 926 N St NW Rear			Amount <span style="border: 1px solid black; padding: 2px;">17694.16</span>		
City Washington		State DC	Zip Code 20001-4485		Transaction ID : VTDG0AEVYJ0
Purpose of Expenditure Digital Production - Estimate		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Name of Federal Candidate Biden, Joseph, R., , Jr.			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">6980742.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Hawkfish, LLC</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 16 / 2020		
Mailing Address 909 3rd Ave FI 15			Amount <span style="border: 1px solid black; padding: 2px;">178191.06</span>		
City New York		State NY	Zip Code 10022-4745		Transaction ID : VTDG0AEVYH2
Purpose of Expenditure Digital Advertising - Estimate		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Name of Federal Candidate Biden, Joseph, R., , Jr.			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">6980742.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">195885.22</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Shropshire, Adrienne, R., ,</u>			[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 17 / 2020

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 2  
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NAME OF COMMITTEE (In Full) <b>Black PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00609388
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>The Pivot Group Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 16 / 2020</b>
Mailing Address 1509 16th St NW FI 3		Amount 131609.90
City Washington	State DC	Zip Code 20036-1461
Purpose of Expenditure Direct Mail - Estimate	Category/ Type	Transaction ID : VTDG0AEVWJ7 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Peters, Gary, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: MI
Calendar Year-To-Date Per Election for Office Sought 841134.34		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ►

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate  <input type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	131609.90
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ►	
(c) TOTAL Independent Expenditures..... ►	327495.12

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Shropshire, Adrienne, R., ,

[Electronically Filed]

Date

MM / DD / YYYY  
10 / 17 / 2020

Signature